

U. S. COAST GUARD AUXILIARY
CHANGE OF MEMBERSHIP STATUS

SECTION I To be completed by Flotilla Commander

To:	LAST NAME	FIRST NAME AND MIDDLE INITIAL	MEMBER NUMBER

As provided in the Auxiliary Manual, COMDTINST 16790.1 (Series), you will be recommended for disenrollment from the Auxiliary for non-payment of Financial Obligations for or since the year 19__ amounting to \$ ____, unless the full amount is received by your Flotilla Commander within thirty (30) days from the date of this notice. You will not be eligible to remain a member of this flotilla, transfer to another flotilla or seek Retired Member status, until your financial obligations are met.

Flotilla Commander	Date of Notice
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SECTION II - To be completed by Member

To: FLOTILLA _____ Date: _____

☐ An amount to pay my Financial Obligation is enclosed. I want to remain in Flotilla _____

☐ I desire Retired Member status. My date of enrollment is _____.

☐ I desire to transfer to Flotilla _____ in this District. (Complete MEMBER TRANSFER REQUEST, CGAUX-4, and attach to this form.)

☐ I desire to disenroll. * My reason is: _____

☐ * My membership card is enclosed. Member signature _____

SECTION III. To be completed by Flotilla Commander

To: DSO-MR _____

☐ Recommend disenrollment effective _____

☐ for Non-payment of Financial Obligations. ☐ at Member's Request.

☐ Member desires and is eligible for Retired Member status: ☐ Yes ☐ No

☐ Member recommended for Certificate of Service: ☐ Yes ☐ No

(If Yes, DSO-MR provides DCO with necessary information to prepare and mail certificate.)

☐ Death of a member.

Flotilla Commander	Date
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SECTION IV - To be completed by DSO-MR

To: DIRECTOR OF AUXILIARY

☐ Recommend Disenrollment.

☐ Member requests transfer to Flotilla _____

☐ Member desires and is eligible for Retired Status.

☐ Member is recommended for Certificate of Service. DCO has been notified.

DSO-MR	Date
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SECTION V - To be completed by Director of Auxiliary

To: DCP, DIVISION _____ and FLOTILLA COMMANDER, FI. _____

☐ Member was disenrolled. Effective date _____.

☐ Adm. ☐ Failed to pay Financial Obligations ☐ Death of a Member ☐ Member Request

☐ Member was transferred to Flotilla _____. Effective date _____

☐ Member was transferred to Retired Member status. Effective date _____

☐ Recommendation disapproved; see attached comments.

Director of Auxiliary	Date
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CHANGE OF MEMBER STATUS - CGAUX-36

- A. GENERAL** - This form is used to remove a member from the flotilla rolls by disenrollment, transfer or retirement.
- B. SECTION I** - To be completed by the Flotilla Commander.
1. Enter member's last name.
 2. Enter member's first name and middle initial.
 3. Enter member's membership number.
 4. Enter signature of Flotilla Commander.
 5. Enter date of signature.
- C. SECTION II** - To be completed by member.
1. Enter the flotilla number and the date of response.
 2. The member must check the box opposite the response desired and complete any additional information required.
 3. Member signature required.
- D. SECTION III** - To be completed by Flotilla Commander.
1. Enter DSO-MR'S district number.
 2. The Flotilla commander must check the box opposite the desired response and complete any additional information required.
 3. Flotilla Commander must sign and date this response.
- E. SECTION IV** - To be completed by the DSO-MR.
1. The DSO-MR must check the box opposite the response desired and complete any other information required.
 2. The DOS-MR must sign and date the response.
- F. SECTION V** - To be completed by the Director of Auxiliary(DIRAUX).
1. Enter the Division and Flotilla numbers on the appropriate line.
 2. The DIRAUX must check the box opposite the response desired and complete any additional information required.
 3. The DIRAUX must sign and date the response.